



NIPRO MEDICAL CORPORATION
3150 N.W. 107 Avenue
Miami, Florida 33172
Tel.: (305) 599-7174
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OCT 4th 2007

**510(k) Summary of Safety and Effectiveness for
Nipro® Set
Blood Tubing Set with Transducer Protector and Priming Set**

807.92(a)(1)

Applicant: Nipro Medical Corporation
Establishment Reg.: 1056186

Contact Person: Jessica Oswald
Regulatory Affairs Specialist

Date of summary preparation: July 19, 2007

807.92(a)(2)

Trade Name: Nipro® Set - Blood Tubing Set with Transducer Protector and Priming Set
Common Name: Blood tubing set
Classification Name: set, tubing, blood, with and without anti-regurgitation valve
Regulation Number: 21 CFR 876.5820
Panel: 78
Product Code: FJK
Product Code: FIB

807.92(a)(3)

Legally marketed substantial equivalent device:
K010264 - NIPRO Set Blood Tubing Set with transducer protector and priming set.

807.92(a)(4)

Description of device:
The Nipro® Blood Tubing Set with Transducer Protector and Priming Set includes arterial and venous dialysis blood tubing with transducer protectors and priming set (non-implanted blood access device) as described in 21 CFR 876.5820.

The devices are packaged together for convenient use during hemodialysis procedures. There are 13 different configurations of the arterial line and 6 different configurations of the venous line. The various blood set models are being manufactured for application with various models of dialysis machines. The components of the device include tubing, drip chambers, infusion tubing, pressure monitoring lines, ports, clamps and filters which are used to pump



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blood, retain and capture blood debris, infuse medications or fluids, sample blood and monitor pressure.

The devices are packaged sterile and labeled for single use only. There is no ability to clean and reuse these devices. They are restricted for sale by or on the order of a physician.

807.92(a)(5)

Indications for Use:

The Nipro® Set - Blood Tubing Set with Transducer Protector and Priming Set are disposable bloodlines intended to provide extracorporeal access to the patient's blood during hemodialysis. The compatibility of available configurations is the responsibility of the physician in charge.

807.92(a)(6)

Comparison of technological characteristics:

The Nipro® Blood Tubing Set with Transducer Protector and Priming Set is substantially equivalent to the predicate device in the following technological characteristics -

- Design
- Physical characteristics
- Basic Scientific Technology
- Intended Use

807.92(b)(1)

Non-clinical tests submitted:

Performance testing was conducted to verify that the device is safe and effective for its intended use. Those tests along with their associated results and conclusions are included in this submission. Biocompatibility testing was also conducted. Those tests include pyrogenicity, acute toxicity, intracutaneous reactivity, hemolysis testing, implantation testing and bacterial endotoxin testing.

807.92(b)(3)

Conclusions drawn from non-clinical and clinical tests:

The results of the performance testing and the comparison of technological characteristics with the predicate device demonstrate that the Nipro® Blood Tubing Set with Transducer Protector and Priming Set performs equivalent to the predicate device and is safe and effective when used as intended.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

OCT 4 ~ 2007

Ms. Jessica Oswald
Regulatory Affairs Specialist
NIPRO® Medical Corporation
3150 NW 107th Avenue
MIAMI FL 33172

Re: K072024

Trade/Device Name: NIPRO® Blood Tubing Set with Transducer Protector
and Priming Set; Models A201-A219, V801-V806, 5M9634 and -93
Regulation Number: 21 CFR §876.5820
Regulation Name: Hemodialysis system and accessories
Regulatory Class: II
Product Code: FJK
Dated: August 28, 2007
Received: September 4, 2007

Dear Ms. Oswald:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Center for Devices and Radiological Health's (CDRH's) Office of Compliance at one of the following numbers, based on the regulation number at the top of this letter.

21 CFR 876.xxxx	(Gastroenterology/Renal/Urology)	240-276-0115
21 CFR 884.xxxx	(Obstetrics/Gynecology)	240-276-0115
21 CFR 892.xxxx	(Radiology)	240-276-0120
Other		240-276-0100

Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). For questions regarding postmarket surveillance, please contact CDRH's Office of Surveillance and Biometric's (OSB's) Division of Postmarket Surveillance at 240-276-3474. For questions regarding the reporting of device adverse events (Medical Device Reporting (MDR)), please contact the Division of Surveillance Systems at 240-276-3464. You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (240) 276-3150 or at its Internet address <http://www.fda.gov/cdrh/industry/support/index.html>.

Sincerely yours,



Nancy C. Brogdon
Director, Division of Reproductive,
Abdominal, and Radiological Devices
Office of Device Evaluation
Center for Devices and Radiological Health

Enclosure

Indications for Use

510(k) Number:

Device Name: Nipro® Set - Blood Tubing Set with Transducer Protector and Priming Set

Indications for Use:

The Nipro® Set - Blood Tubing Set with Transducer Protector and Priming Set are disposable bloodlines intended to provide extracorporeal access to the patient's blood during Hemodialysis. The compatibility of available configurations is the responsibility of the physician in charge.

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use _____
(Part 21 CFR 801 Subpart D)

AND/OR

Over-The-Counter Use _____
(21 CFR 801 Subpart C)


(Division Sign-Off)

Division of Reproductive, Abdominal and
Radiological Devices

510(k) Number K072024